

## **EBT BENEFIT REPAYMENT AGREEMENT**

ES-3142  
Rev.07-10

<i>Client's Responsibility</i>	<p>Case Name: _____ Case #: _____</p> <p>I, _____, wish to repay _____ (Client's Name)</p> <p>dollars on my _____ overpayment. I understand, (Food Assistance, Child Care or Cash)</p> <p>this payment will be taken from my Kansas Benefits Card Account.</p> <p>_____ Signature of Client</p> <p>_____ Date</p>
<i>Worker's Responsibility</i>	<p>Worker's Name &amp; Email: _____ Date: _____</p> <p>Payment applied to type of claim: AF CC FA GA RE WP / AF CC FA GA RE WP (Circle Type) (Circle Type)</p> <p>Claim Number and Amount: _____ / _____ Number Amount Number Amount</p> <p><b>**Send V112 and/or C112 notice advising client of repayment amount and remaining balance of the overpayment.</b></p>
<i>EBT Clerk's Responsibility</i>	<ol style="list-style-type: none"><li>1. Enter case number (KAECSSES Case # or PI ID#) on Client Search Screen.</li><li>2. Go to Repayment-Adjustment Screen (CTRL-J).</li><li>3. Enter client's Kansas Benefits Card Number.</li><li>4. Enter the repayment amount.</li><li>5. Select benefit type (defaults to FS).</li><li>6. Press F11 to process</li></ol> <p><b>For documentation purposes retain a copy of this form in the case file.</b></p>
<i>CRU's Responsibility</i>	<p><b>DIRE</b> Screen – enter the correct information per KAECSSES User Manual Vol. #1, or KsCARES User Manual Vol #1.</p>

**Note: To ensure that these repayments are entered on the KAECSSES/KsCares system this form, a copy of the EBT repayment screen and the appropriate transaction screen must be faxed to the EBT Unit @ 785.296.6960 as soon as possible. In lieu of faxing, it may be sent as an attachment to an e-mail to EBTMAIL@DCF.ks.gov.**

(Instructions on Back)

## KANSAS BENEFITS CARD REPAYMENT PROCEDURES

Effective with the new EBT system, clients can use their Kansas Benefits Card benefits to repay all or a portion of a food assistance, child care and /or cash overpayment(s).

1. When a client wishes to make a repayment with their Kansas Benefits card benefits he or she will complete and sign the Client's Responsibility portion of the EBT Benefit Repayment Agreement.
2. The worker will complete the EES Worker's Responsibility portion of the EBT Benefit Repayment Agreement. The form allows repayments on two claims. Use additional forms for more claims. Cash accounts can be used to pay on FA, child care and cash claims; but food assistance accounts can only be used to repay FA claims. WP-MO payments should be used to repay FA claims since funding for FA MOST payments is federal FA money. WP Jobs payments can be used to repay cash, child care or FA claims. Child care repayments can *only* be applied to child care claims. *Do not* use Rehabilitation Services (RS) child care benefits (EBT26411) to repay claims.
3. After the first two portions of the form are completed, give to an EBT clerk to enter the pertinent information on the EBT system on the Repayment-Adjustment screen.
4. Fax or email the completed form, repayment screen and appropriate transaction history (NCD, NFD or DCC transaction types) to the Central Office EBT unit and retain a copy for the case file. The EBT unit will send confirmation back when this information is received.
5. The Central Office EBT unit will forward the form and the EBT Repayment report to Central Receivables Unit for the payment to be entered on the KAECSES or KsCares system (DIRE).